

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>04520248</i>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		2			53				
4		0					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9		0					59				
10		0					60				
11		0					61				
12							62				
13							63				
14							64				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1						TOTAL IND.				
TOTAL DEP.	11						TOTAL DEP.				
TOTAL CLAIMS	12						TOTAL CLAIMS				